# SURVEY RESULTS

| HEALTH PLAN PROGRAM CONTRACTOR | QUESTION: "What are your plans for remediation to support the Outpatient Fee Schedule changes, will you be asking your vendor to modify your systems or will you be undertaking necessary modifications with internal staff? | RESPONSE FROM |
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| Yavapai | Yavapai is in the process of upgrading our claims manager system with our existing vendor Plexis. We will be discussing the requirements with them to determine if additional programming is needed. The functionality discussed yesterday with the from and thru dates of service at the line level is already in place with the upgraded version. | Becky Ducharme |
| Health Choice | HCA has requested its application system vendor, CPU Medical Management Systems, to estimate the approximate cost/resources required to change the current claims payment programs to comply with the new Outpatient fee schedule pricing methodology. It is our intent at this time to proceed with CPU to implement these changes. | Mike Uchrin |
| Cochise | Cochise Health Systems will work with our outside IT vendor, Mike Wells, to implement the changes needed to pay claims based on the proposed Outpatient Fee Schedule. | Marcia Goerdt |
| Phoenix Health Plan | We will be asking our vendor to modify our system. However, the vendor may be unable to do it. We will then have to look to internal resources and develop our own process to accomplish this. | Michael Flynn |
| University Health Plan | We use IDX's Managed Care software for enrollment, referral and claims processing. IDX partnered with a company called HSS to meet the needs of a Minnesota Medicaid contractor to comply with similar legislated requirements in Minnesota. The HSS software is basically a repricing module. Claims are processed in the IDX system and then run through a nightly batch job that reprices them according to a Medicare-like payment model. We are investigating how similar the Minnesota requirements are to Arizona's and what further customization would be needed for us.<br><br>The IDX/HSS software pricing model involves an annual subscription, rather than an initial purchase price plus maintenance, so it is a large ongoing expense. Therefore, we are also researching other repricing software options on the market for payers. Most of the APC software is written for billers, rather than payers, for the purpose of projecting revenue. We will be contacting 3M and Ingenix, and would be interested in knowing whether other health plans have located repricing software developed for payers.<br><br>An alternative is to use contracted programmers to develop a repricing module, but we estimate this will be more expensive than customizing existing third party software. | Kathy Steiner |
| Mercy Care | Configuration changes necessary to support the new Outpatient Fee Schedule methodology will be the responsibility of internal plan staff in consultation with our IT vendor, QCSI. | Mike Klimansky |
| APIPA | APIPA will be making modifications that will include vendor software work and internal staff work items. | Charles Revenew |
| BHS | We are not planning any changes to our systems. With fewer than 201 outpatient encounters in the past two years we will handle any exceptions/pends manually. | C.J. Major |
| DES | DES has not as yet determined a definitive approach to this issue. It will, however, likely entail the combined efforts of the vendor and our internal resources. | Jeannie Harmon |

# SURVEY RESULTS

| HEALTH PLAN PROGRAM CONTRACTOR | QUESTIONS<br>**1) For outpatient bills with revenue code line procedure codes, in the units field, do you ever receive a blank or zero value?**<br>**1a) If yes, please estimate the percent of bills received with blank or zero values in the units field.**<br>**1b) Please list the HCPCS and revenue codes for which this occurs.**<br>**1c) Can you estimate the impact?**<br><br>**2) When you receive outpatient bills with revenue code line procedure codes with the units field blank or zero, what value(s) do you report on the encounter?**<br><br>**3) When you receive outpatient bills with revenue code line procedure codes with values greater than zero in the units field, do you change the units value or report it as is (assuming no cutback) on the encounter?**<br>**3a) If you change the units value, please explain why?**<br><br>**4) For 837 encounter reporting purposes, you should be reporting the provider's billed units in the units field and reporting the paid and cutback units in the paid and adjusted units fields. Are you currently following this practice?** | RESPONSE FROM |
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| Yavapai | 1) No.<br>2) Not applicable since we don't see zeros.<br>3) As is.<br>4) Yes | Becky Ducharme |
| Health Choice | 1) No. I looked at two days worth of receipts and none of the claims had a blank units field or a units field that was zero. There is always a possibility that there may be a blank or zero units field, but that would be very rare. Processors questioned do not recall seeing missing units fields on claims.<br>1a) 0%.<br>1b) N/A.<br>1c) No known instances therefore no impact.<br>2) If this were to ever happen, our current procedure is to default to 1.<br>3) We enter and report what is billed.<br>3a) N/A.<br>4) We encounter the providers billed units in the units field and the paid units in the paid units fields. | Joan Toland |
| Cochise | 1) We return claims if units are missing and ask that the number of units be completed.<br>2) We don't pay the claims with blank or zero units, we return them and ask for units to be completed.<br>3) No, we do not change the number of units. We report them as is.<br>4) Yes, we report billed units in the units field. We don't use cutback units for outpatient claims. | Marcia Goerdt |

# SURVEY RESULTS

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| Phoenix Health Plan | 1) Yes.<br>1a) 2%.<br>1b) This does not occur often and we do not have a historical list of codes available for which this has happened.<br>1c) Not at this time.<br>2) The codes are processed with the units field blank.<br>3) Report it as billed.<br>4) Yes. | Michell Foster |
| University | 1) Very rarely (Jean-Marie Warner).<br>1a) We have received about 10 bills over the last 2 years with 0 units (Jean-Marie Warner).<br>1b) This occurs only on rev codes 360 and 361 for surgery. We will receive one line with a HCPC code and the units and a total price. Then additional 360/361 lines will be on the UB listing additional HCPCS codes with $0.00 and 0 units. This shows the additional surgeries done at the time of surgery (Jean-Marie Warner).<br>1c) The impact is minimal (Jean-Marie Warner).<br>2) I don't believe I've ever seen this occur (Eric Nichols). Since the processor changes these to 1 unit then they would encounter with one unit (Jean-Marie Warner).<br>3) They are unchanged (Eric Nichols). On occasion, the claims department changes the units. This is primarily done when we have to split a hospital bill between contracts or PPC vs regular AHCCCS. We report the same units, they are just split between the 2 claims that are created due to the split. This however primarily occurs on IP bills not OP (Jean-Marie Warner).<br>4) No, our system isn't set-up to support the reporting of this kind of unit breakout (Eric Nichols). | Kathy Steiner |
| Mercy Care | 1) Yes.<br>1a) Less than 1%.<br>1b) All codes.<br>1c) I am uncertain as to the impact at this time.<br>2) We report one unit.<br>3) We report exactly what was received.<br>3a) N/A.<br>4) No. We are currently following this practice. | Mike Klimansky |
| APIPA | 1) No.<br>2) N/A as we do not receive outpatient claims with zero units.<br>3) Report units as is.<br>4) Provider's billed units are reported in the units field. The unit value is not changed from what the provider submitted. | Charles Revenew |
| BHS | 1) If so, we reject the encounter up front.<br>2) N/A. We reject the encounter.<br>3) No changes are made.<br>4) No. We adjudicate 837-I encounters at the claim level only. There are no line level adjustments. Without line level adjustment, the 2430 SVD segment is not required. | C.J. Major |
| DES | 1) Seldom, if ever, are hospital outpatient claims received with blanks or zeroes in the units field.<br>2) N/A.<br>3) Units are reported, "as is" in the encounter.<br>4) Yes, if applicable. | Marcella Gonzalez |

# SURVEY RESULTS

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| Pima | 1) Most claims contain units. If they bill zero units, we deny for units. (0=>1%)<br>1a) Unknown.<br>1b) No response given.<br>1c) Little or no impact.<br>2) We deny claim so we do not report encounter.<br>3) Enter as reported. No impact on cost since we pay CTC ration.<br>4) PHS submits claims in the proprietary format, which contains only one unit field. | Mary Kaehler |
| Evercare | 1) Yes, on rare occasions.<br>1a) Less than 5% these claims are sent back to providers for resubmission.<br>1b) List of codes varies. Provider resubmits corrected claims for processing.<br>1c) None. We request a corrected claim for processing.<br>2) Claim not paid. Provider asked to submit corrected claim.<br>3) Reported on the encounter as submitted by the provider.<br>4) Yes. | Suzanne Stearns |